

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90155 041 ***150.00

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DOCUMENT # P96000043148

1. Entity Name

BULLET FREIGHT SYSTEM, INC.



Principal Place of Business

**1626 N.W. 82 AVE
MIAMI FL 33126**

Mailing Address

**1626 N.W. 82 AVE
MIAMI FL 33126**

2. Principal Place of Business

7270 N.W. 35 Terr P.O. BOX 44-0474

Suite, Apt. #, etc.

3. Mailing Address

7270 N.W. 35 Terr P.O. BOX 44-0474

Suite, Apt. #, etc.

City & State

Miami, FL 33122

Zip

Country

City & State

Miami, FL 33144

Zip

Country

4. FEI Number

65-0666610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETANCOURT, PEDRO
1626 NW 82ND AVE
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BETANCOURT, PEDRO
1626 NW 82ND AVE
MIAMI FL 33126**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BETANCOURT, MAGALY
2009 NW 79TH AVE.
MIAMI FL 33126**

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pedro Betancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
Date

305-499-9219
Daytime Phone #

CR2E034 (10/02)